



BUILDING A HEALTHY START
Professional Development for Caregivers of Infants and Toddlers

Module Three: Protecting Infants and Toddlers in Early Childhood Settings from Disaster

Alabama Department of Public Health

**A Series of Six Best Practice Training Modules
Based on *Caring for Our Children:
National Health and Safety Performance Standards;
Guidelines for Early Care and Education Programs,
Third Edition***

**Support for this project was provided by the Maternal and Child Health Bureau, Health Resources and Services Administration,
U.S. Department of Health and Human Services (Grant #H25MC00238)**

Protecting Infants and Toddlers in Early Childhood Settings from Disaster

INTRODUCTION



Learning Outcomes

At the end of this session, participants will be able to:

- List types of disaster situations that could affect their programs.
- Describe evacuation procedures, including ways to move infants and toddlers.
- Identify areas of safe shelter in a facility.
- Describe lockdown procedures.

Pre-Test

Please complete the pre-test questions at this time.

Caring for Our Children

Caring For Our Children: National Health And Safety Performance Standards, Third Edition (CFOC3), are evidence-based and have expert consensus.

Available at www.nrckids.org

Caring for Our Children

National Health and Safety Performance Standards
Guidelines for Early Care and Education Programs

Third Edition



American Academy of Pediatrics
American Public Health Association
National Resource Center for Health and Safety in Child Care and Early Education

Standards, Guidelines, and Regulations

Standard: A statement that defines a goal of practice

- Based usually on scientific or epidemiological data
- Set as the strongest criterion for practice

Example: CFOC3

Guideline: A statement of advice or instruction

- Originates from an organization with acknowledged standing
- Developed often in response to a request or need

Example: “Choose My Plate” campaign

Regulation: A standard or guideline that becomes a requirement for legal operation

- Originates in an agency with governmental/official authority
- Accompanied by enforcement activity

Examples: *Minimum Standards*, Health Department food safety regulations

Terminology

Disaster: an occurrence that results in property damage, deaths, and/or injuries to a community

First Responder: a firefighter, police officer, paramedic, or other professional who provides assistance on the scene of a disaster situation

Parent: a parent, guardian, or other family member who provides care for the child

Caregiver: an adult who provides out-of-home care for children (e.g., child care)

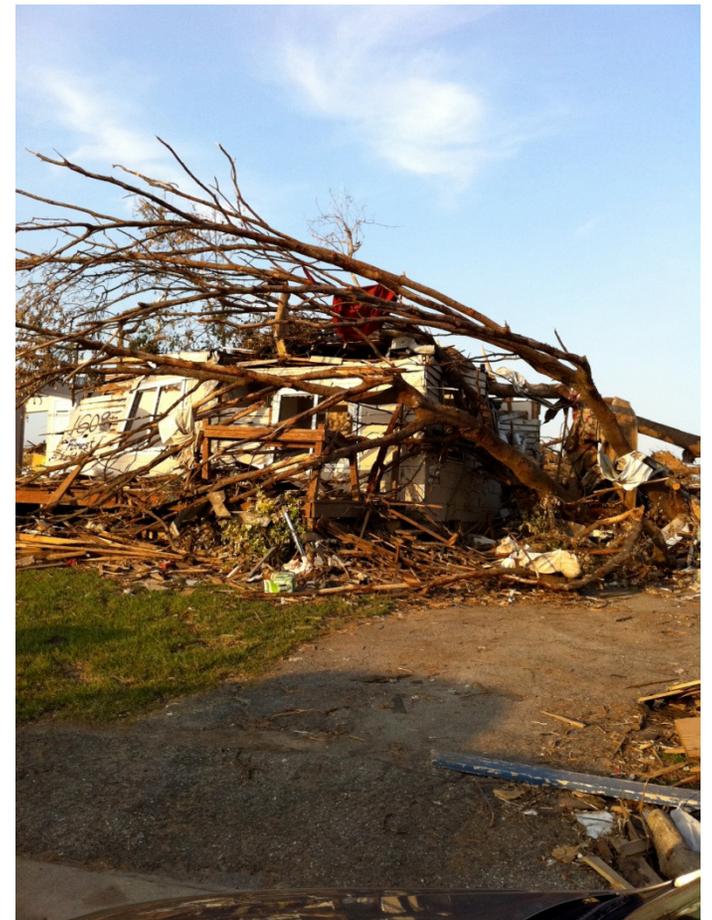
Plan—Prepare—Practice

- Every caregiver may at some point be considered a disaster service worker, and should be prepared to respond.
- Every early childhood program should have a written disaster preparedness plan.
- Practice your program's disaster response plans.



Protecting Infants and Toddlers in Early Childhood Settings from Disaster

PART 1 DISASTER BASICS



Defining Disaster

Disasters are low probability, but high consequence, events.

Events may involve:

- Severe wind and tornados, winter storms, or flooding
- Fire
- Earthquake or explosion
- Hazardous material and contaminants
- Threat of violence



Risk Assessment

What is the greatest risk for a disaster event in your location?

For example:

- Weather risk related to location
- Hazardous contaminant risk related to industry or transportation systems
- Explosion risk related to military bases, power plants, pipelines, and industry

Disaster Preparedness Plan

Every early childhood program, regardless of size or setting, should have a written disaster preparedness plan specific to the program, the community, and the risk of disaster.



Infant and Toddler Vulnerabilities

Developmental:

They are completely dependent upon caregivers and cannot effectively communicate their needs. Toddlers are unaware of consequences and may run toward danger.

Anatomic:

Their body size and surface area increases danger of exposure to heat and gases. Specialized equipment and weight-based drug dosing is required for treatment of injury.

Physiologic:

They have specific food requirements and rapid metabolism.

Be Prepared

Consider the basics:

- Responsibilities of staff and person-in-charge
- Reliable warning systems
- Protection of children
- Head counts
- Identification
- Communication
- Planning and regular practice
- Partnerships with first responders
- Supplies and documents



Staff Responsibilities

The **person-in-charge** (such as the program director or family child care provider) works with first responders, makes decisions, assures that all children and staff are accounted for, and delegates responsibilities to others.

Caregivers protect and care for children.

Designate other staff for specific responsibilities, such as gathering documents or medications.

What is your role in a disaster event?



Warning Systems

Maintain on-site warning systems:

- Smoke and fire alarms
- Carbon monoxide (CO) alarms
- NOAA weather radio



Utilize additional community warning systems:

- Tornado sirens
- Television and radio announcements
- Text messages and cell phone alerts
- Specific warning and instruction from first responders



Warning Systems. . .

Quick action is necessary. Any person who observes a potential danger or threat should immediately activate the facility-wide alarm.

For example, if a smoke detector goes off in a nursery, the caregiver in that nursery should initiate a facility-wide evacuation. You may have only minutes, or seconds, to respond.



What is your fire warning sound?

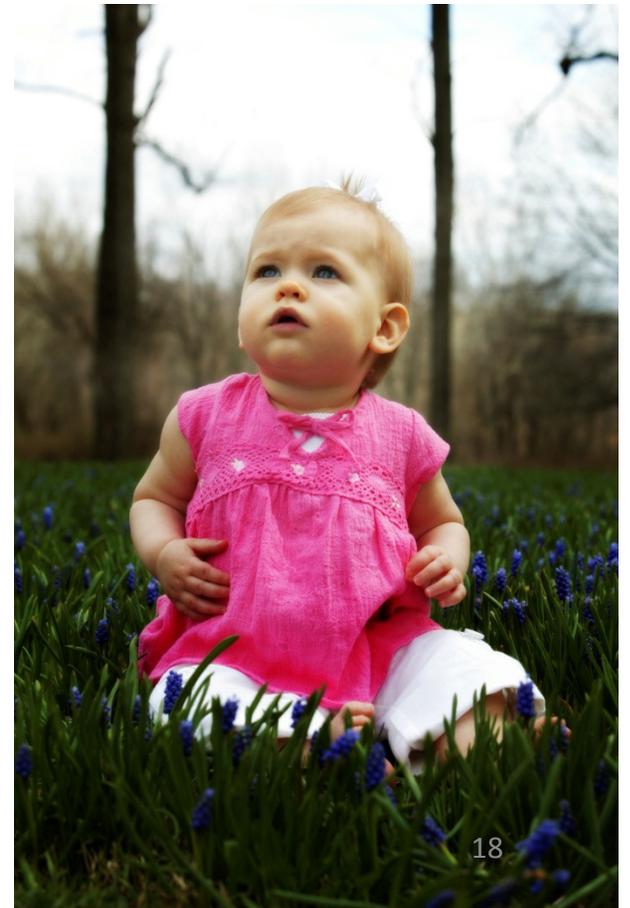
What is your tornado warning?



Protection of Children

- Children must always be under adult supervision.
- Appropriate child-to-staff ratios must be maintained at all times.

Caregivers and other adults are responsible for the children in their direct care at the time of the event.



Head Counts

- Every adult is responsible for children in his or her direct care when the event occurs. Check the room—including cribs, bathrooms, and closets—for children who may be sleeping or hiding.
- Compare head count to the daily roster.
- Notify the person-in-charge if a child is missing. A “missing” child should be in the care of another adult. Know where children are at all times.
- Do not delay—take care of the children in your immediate care.

Head Counts. . .

Conduct head counts continually throughout a disaster event.

Count heads and compare to daily roster:

- When gathering children to exit the room.
- As the building is exited.
- At the outside meeting place
- Before and after children are moved to other locations.

If a child is missing, immediately notify the person-in-charge.

Identification

- As time permits, place program identification on each child, especially if evacuating to an off-site location.
- Identification includes the program name, city and state, and a phone number.
- Wristbands are safe and easy to use. Avoid lanyards and necklaces.



Communication Devices

Choose devices that will work effectively for your program.
Consider the following:

- Landline telephones and intercom systems may work within the facility.
- Cell phones or 2-way radios can be effective when outside, during transportation, and if evacuated off-site.



What communication devices are used in your program?

Communication Network

- Connect with caregivers to account for all children, staff, and other adults.
- Communicate with first responders.
- Notify parents and families.
- Contact community resources for assistance.
- Communicate with media.



Planning and Regular Practice

- Practice fire drills monthly, including additional practice using a secondary evacuation route.
- Practice tornado drills monthly during tornado season.
- Practice lockdown to familiarize staff with procedures.
- Review and document practice drills.
- Participate in community-wide practice drills when appropriate.

Partner with First Responders

Work with first responders and public safety personnel to evaluate your program's disaster preparedness plan.

- Provide facility maps and keys in advance. Invite first responders to walk through and review your facility.
- Be sure first responders know the number and ages of enrolled children, and if any children have special needs.
- Notify local police and fire departments when scheduling practice drills.



Partner with First Responders...

Invite first responders to visit your program and meet both staff and children.

Infants and toddlers may be less fearful if they have previously seen firefighters and police in regular uniforms.

Older toddlers may be interested in how first responders put on rescue gear, such as helmets.

Essential Supplies

These are supplies and information necessary to care for children during a disaster event and possibly for several hours.

- Pre-pack essential items in a “Caregiver To-Go Bag.”
- Ensure that bags are readily accessible to caregivers, but out of children’s reach.

Take essential supplies every time, including practice drills.

What items are in your Caregiver To-Go Bag?

Where is it stored?

Essential Supplies. . .

Items in Caregiver To-Go Bags include:

- Daily attendance roster
- To-Go File with child information
- Communication device
- Flashlight
- First aid supplies
- Identification for children
- Plastic bags
- Bottled water
- Diapers, formula, and bottles
- Prescribed emergency medications
- Supplies for children with special needs



Essential Supplies. . .

Maintain a “To-Go File” with current information on each child.

- Daily attendance roster
- Parents’ names and current contact information
- Names and contact information for people authorized to pick up children
- List of allergies, medications, and other medical information
- Authorization for medical care and transportation
- Emergency phone numbers of local resources
- Address, directions, and phone number for the safe meeting place

Maintain confidentiality!

Essential Supplies. . .

The Medication To-Go Bag includes essential medications that must be available for children.

- Include prescribed emergency medications, such as an EpiPen Jr[®] and inhalers.
- Place an insulated bag near the cabinet and/or refrigerator where medications are stored. The authorized person will carry essential medications in the Medication To-Go Bag.
- Keep all medications secure and out of children's reach.



Protecting Infants and Toddlers in Early Childhood Settings from Disaster

PART 2 EVACUATE



Evacuate

Leave the building if there is fire, gas leakage, a bomb threat, explosion, indoor contamination, or other indoor threat.

Act quickly.

- Gather children—count heads.
- Exit the building using practiced routes—count heads.
- Go to the outside meeting place—count heads. Wait for further instruction.

Moving Infants and Toddlers

Evacuation cribs and strollers can be used to quickly and safely move infants, toddlers, and children with special needs.

Evacuation cribs and strollers must be easy to move and must fit through designated fire exits.

Cribs must be compliant with Consumer Product Safety Commission (CPSC) standards.

***How can you move children in
your program?***

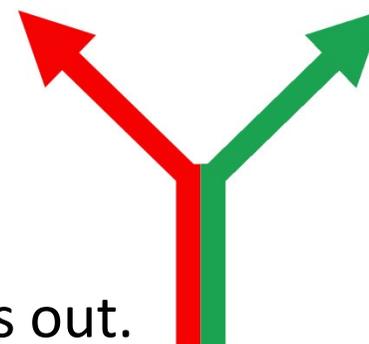


Evacuation Routes

- Hallways and exit routes must be clear at all times.
- Exit doors must easily open for evacuation.
- Evacuation routes and doors should be clearly marked and have emergency lighting.
- Evacuation routes and exit doors must be accessible with ramps.
- Do not use elevators during a disaster event.



Two Ways Out



Every nursery and classroom should have two ways out.

- The primary evacuation route is to the closest exterior door.
- The secondary evacuation route may be a window that opens directly outside.

Clearly post primary and secondary exit routes on a facility map.

FIRE EMERGENCY

Sample Center

Infant and Toddler Rooms



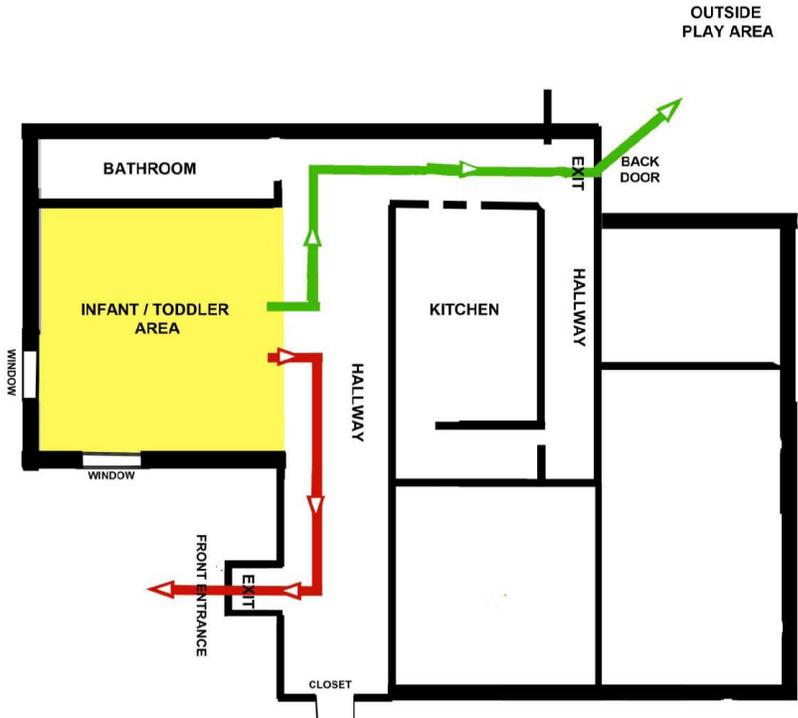
PRIMARY FIRE ESCAPE ROUTE

ALTERNATE FIRE ESCAPE ROUTE

FIRE EMERGENCY

Sample

Family Child Care Provider



←→
PRIMARY FIRE ESCAPE ROUTE

←→
ALTERNATE FIRE ESCAPE ROUTE

Outside Meeting Place

Choose a meeting place that:

- Is far enough from the facility to avoid immediate danger from fire and possible explosion.
- Is away from traffic and where emergency vehicles will park.
- Can be exited for off-site evacuation if necessary.

At the meeting place, count heads and notify person-in-charge if a child is missing.

Where is your meeting place?



Bomb Threat

Bomb threats may be delivered by telephone, cell phone, text, email, website, social media, or other communication.

- Contact 9-1-1. Notify the person-in-charge.
- Initiate evacuation.
- Be alert! Watch for suspicious objects along exit route and at the meeting place.
- Do NOT use a cell phone, 2-way radio, fire alarm, light switches, or other electronic device.
- Go to the designated outside meeting place—count heads.

Suspicious Object or Package

- Move children away from the area.
- Do NOT use a cell phone, 2-way radio, fire alarm, light switches, or other electronic device.
- Evaluate the situation. If the object is not recognized, call 9-1-1.
- Begin controlled evacuation. Use an exit route to avoid the object.
- Be alert! Watch for other objects or packages along the exit route and at the meeting place.
- Go to the designated outside meeting place—count heads.



Plan an Off-site Location

The safe shelter often is a school, church, library, or other public facility.

- Establish a written agreement with the safe shelter site.
- Ensure the facility is accessible during the early childhood program's hours of service.
- Ensure that the facility can meet basic needs of infants, toddlers, and children with special needs, including water and toilet facilities.
- Plan how to transport children to the shelter.

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PART 3 SHELTER



Weather Alerts

Watch:

Conditions are right for severe weather. If in unsafe building, move to safer facility. Stay indoors with immediate access to a tornado shelter.

Warning:

Severe weather (i.e., a tornado, strong winds) is in the area. Take shelter immediately!

Program your NOAA weather radio for alerts in the local area.

Take Shelter

Respond immediately to a tornado or severe weather (e.g., strong winds) warning.

- Gather children—count heads.
- Go to the closest tornado shelter—count heads.
- Cover infants and young toddlers. Have older toddlers assume the tornado-safety position.
- Remain in shelter until “all clear.”



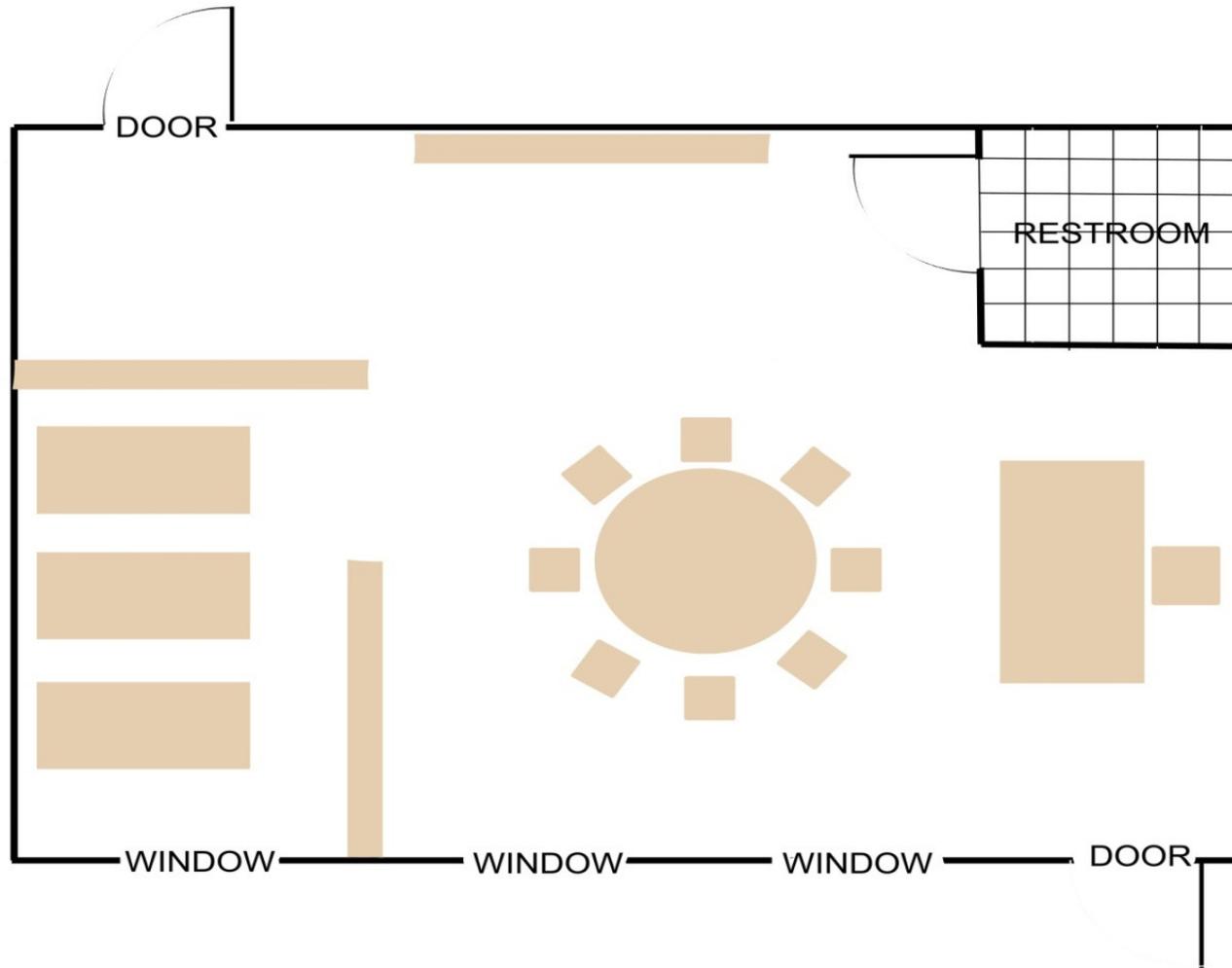
Identify the Safest Area

Put sturdy walls between children and the outside.

- Choose an area on the lowest floor of the building, away from windows and outside doors.
- Choose an area that is accessible and large enough for all children and adults.
- Bolt shelving to the walls. Remove glass and items that could fall or become projectiles.
- Clearly mark the area with “Tornado Shelter” signs.

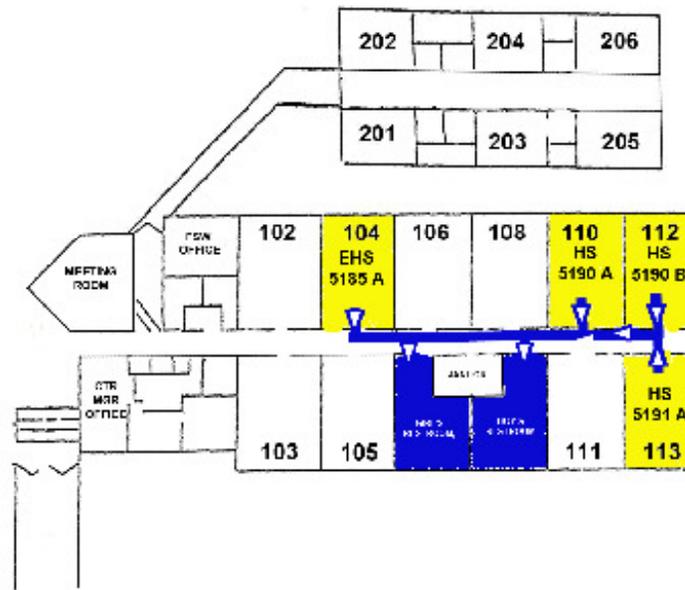


Identify the Safest Area . . .



TORNADO EMERGENCY Sample Center

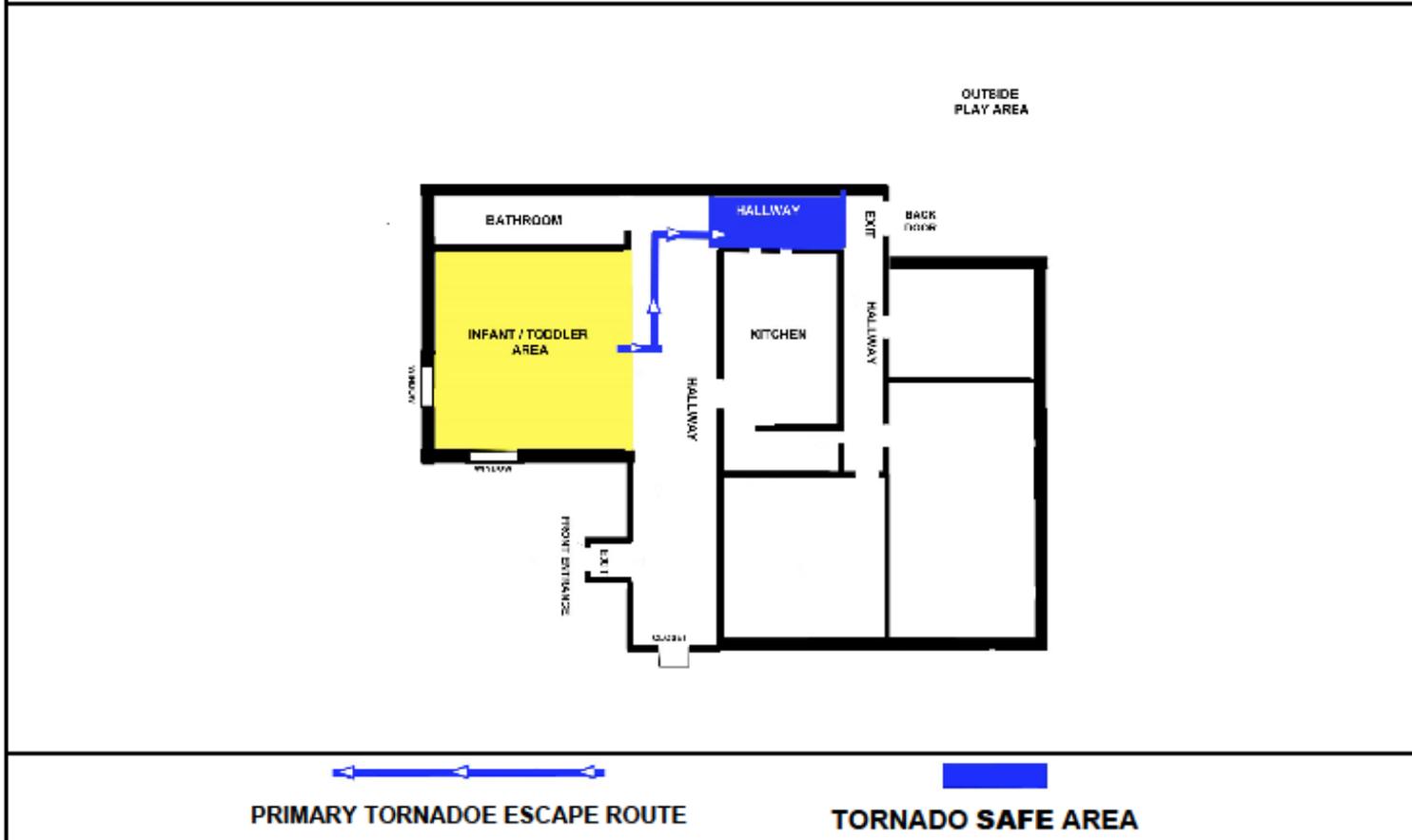
Infant and Toddler Rooms



PRIMARY TORNADO ESCAPE ROUTE

TORNADO SAFE AREA

TORNADO EMERGENCY Sample Family Child Care Provider



Tornado-Safety Position

- Place children as low to the floor as possible. This may require holding and covering the child with your body.
- Have older toddlers in the tornado-safety position. They should sit or kneel facing the wall, with hands over the back of their head and neck, and tuck into a ball.
- Cover children with blankets to protect them from debris.

Drop, Cover, and Hold On

An earthquake or explosion may cause shaking and destruction.

Drop—to the floor.

Cover—get under table or sturdy furniture.

Hold On—to legs of the furniture.

If outside, drop to the ground. Try to get away from electrical lines, trees, and objects that can fall.



After an Earthquake or Explosion

Be alert for aftershocks or additional explosions.

If inside when the event occurs:

- Communicate—listen for instructions
- Evacuate safely, if appropriate

If outside when the event occurs:

- If you are able to return to the building, be careful. Items on shelves and in cabinets may have shifted.

Shelter-in-Place

Environmental contamination outside the building may require shelter-in-place until children can be safely evacuated.

Select an interior room on the highest floor, with no or few windows, and preferably with access to toilet facilities.

Store essential supplies in the room, including:

- Plastic sheeting and tape to seal the room.
- Water, food, and blankets.
- Toileting supplies (diapers, potty chair, trash bags).

Shelter-in-Place. . .

Seal the room to prevent contamination.

- Cover doors, windows, and vents with plastic.
- If possible, turn off heat, cooling, and ventilation. Cover vents.
- Wait for further instructions from the local emergency management agency or other authority.



Extended Shelter

- Have sufficient supplies to care for children at least 24 hours.
- Follow a normal routine, as much as possible.
- Maintain a secure environment. Count heads frequently—especially when changing areas within the facility.
- Communicate with emergency personnel. Be prepared to transport children to an off-site location, if necessary.
- Provide regular updates with families; assure them that children are receiving quality care.
- Follow established procedures to reunite children with their families.

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PART 4 LOCKDOWN



Lockdown

A lockdown helps prevent access to children and adults if there is a threat of violence.

A threat may be outside the facility, such as gunfire in the community. The threat may be inside the facility, such as an individual under the influence or acting suspiciously.

Use the fastest, most effective warning to initiate lockdown.

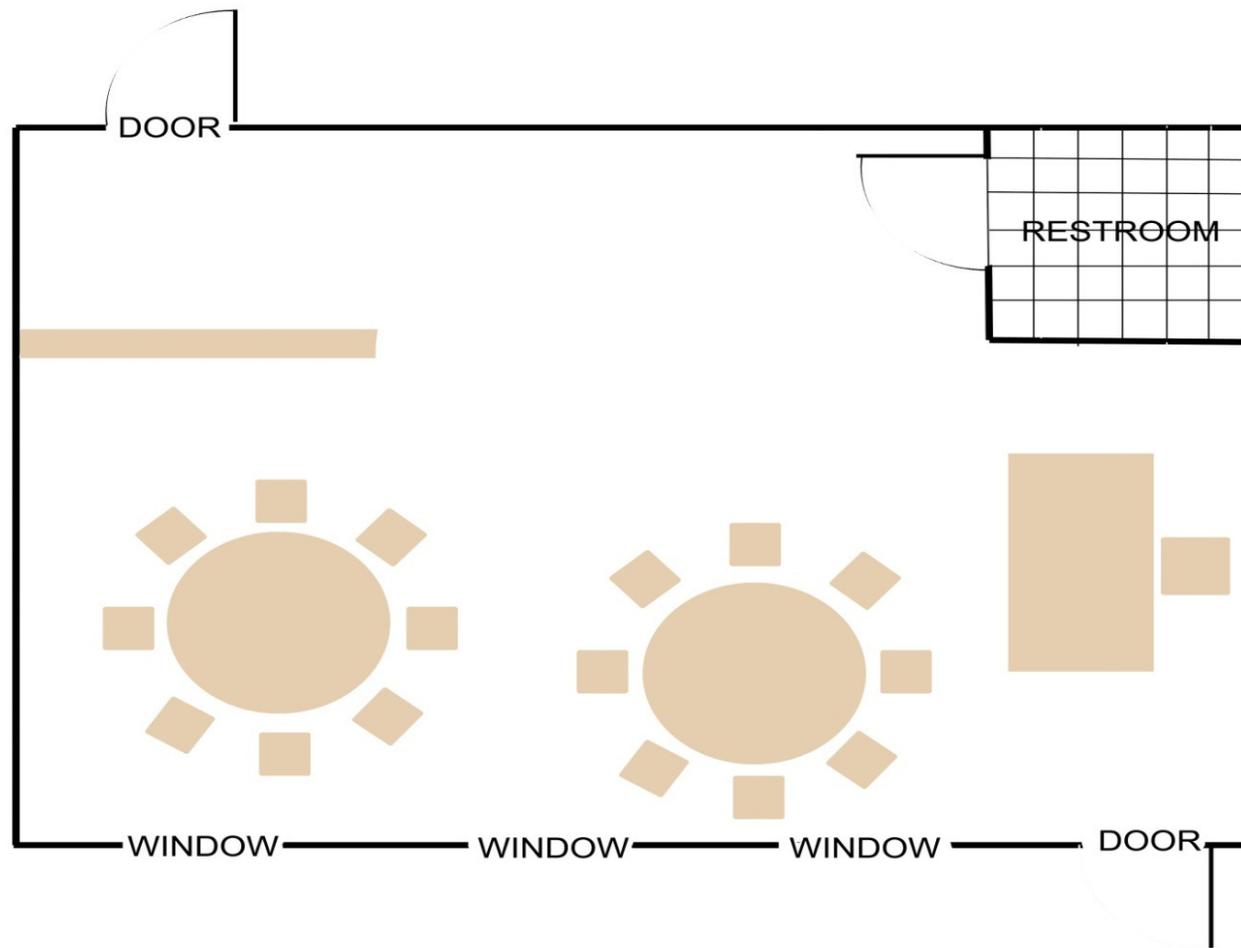
Lockdown. . .

Immediately secure your area to protect children.

- Lock doors.
- Close, lock, and cover windows.
- Turn off lights.
- Gather children—count heads.
- Keep children quiet and calm.
- Wait for further instruction



Where is the safest area in your room?



Active Shooter

The goal of an active shooter is to kill people.

Get away.

If possible, avoid the shooter.

Hide.

Lock doors, stay out of sight, and keep quiet.

Fight for your life.

Be aggressive!



Active Shooter. . .

Hiding may be the only option with infants and toddlers.

- Lock doors. Barricade doors with furniture.
- Close, lock, and cover windows.
- Turn off lights.
- Gather children in the safest area of the room.
- Keep children quiet. Hide children if possible.
- Turn off sources of noise, such as cell phone ringers.

Be prepared to fight! Yell loudly, throw things, and improvise weapons. Go for the eyes, throat, or groin of the shooter. Be aggressive!

Protecting Infants and Toddlers in Early Childhood Settings from Disaster

PART 5 AFTER A DISASTER



Reunite Children and Families

- Maintain a safe and secure environment.
- Continually count heads; know who is responsible for each child.
- Follow established procedures when signing out children.
- Release children only to authorized individuals.
- Check photo identification, even if you recognize the person.
- Check identification on each child.



Children's Reactions

Children's reactions to a disaster event are individual.

Infants and toddlers may be irritable, cry more than usual, and want to be held and cuddled. They may seem to startle easily, act withdrawn, or fear separation from the parent or primary caregiver.



Toddlers may revert to earlier behaviors such as thumb sucking or bedwetting. They may demand attention through positive or negative behaviors.

Help Children Cope

- Be calm, reassuring, and patient.
- Encourage dialogue and acknowledge feelings.
- Answer questions appropriately.
- Maintain daily routines and familiar activities.
- Focus on positive actions to rebuild and recover.
- Take care of your own needs.



Plan—Prepare—Practice

- Every caregiver may at some point be considered a disaster service worker, and should be prepared to respond.
- Every early childhood program should have a written disaster preparedness plan.
- Practice your program's disaster response plans.



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CONCLUSION



Post-Test and Evaluation

Please complete the post-test questions and evaluation form at this time.

The training module team may follow up with you in three months to see how you used this information.

Thank You

Thank you for your participation in this training session.

Funding for this series of best practice training modules was provided by the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services (Grant #H25MC00238).